

HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST (First) NAME(Last) (Middle) TELEPHONE MIDDENDORF **BERNADETTE** JUANICH AQUINO (808) 523-6779 MAILING ADDRESS (Street) FAX 745 Fort Street, Suite 1500 (808) 523-6030 (City) (State) (Zip Code) Honolulu HI 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE Schlack Ito Lockwood Piper & Elkind (808) 523-6061 MAILING ADDRESS (Street) FAX 745 Fort Street, Suite 1500 (808) 523-6030 (City) (Zip Code) (State) Honolulu HI 96813

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
AMERICAN EXPRESS COMPANY			(202) 434-0154	
MAILING ADDRESS (Street)	· 44	tonament to	FAX	w.
801 Pennsylvania Ave NW, Suite 650				
(City)	(State)	(Zi	(Zip Code)	
Washington DC		20004		
NAME OF PERSON RESPONSIBLE FOR PREPARIN	G ORGANIZATION'S EXPE	NDITURES STATEMENT	TELEPHONE	
Kymberly S. Messersmith			(202) 434-0154	
MAILING ADDRESS (Street)			FAX	 , ,
801 Pennsylvania Ave NW, Suite 650				
(City)	(State)	(Zi	p Code)	
Washington DC		20004		

PART III DESCRIPTION (OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY			
[] Agriculture [] Communications & Public Utilities [X] Consumer Protection & Commerce [] Culture, Arts, Historic Preservation [] Ecology, Energy Environmental Protection	[] Education [] Government Operations & Finance [] Hawaiian Affairs [] Health [] Housing	[] Human Services [] Intergovernmental Relations, International Affairs [] Labor & Employment [] Planning, Land & Water Use Management [] Public Safety & Corrections	[] Science, Technology & Economic Development [] Tourism & Recreation [] Transportation [] Other: (indicate below)		
	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. Bernalau Pulluch Aguin Miller & 1112106					
	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF A THORITING OFFICE	D OD BEROOM DEDDEASNIED		
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
Kymberly S. Messersmith		Vice-President, State Government	t Affairs		
NAME OF ORGANIZATION (if app	olicable)	TE	LEPHONE		
AMERICAN EXPRESS COMPANY			02) 434-0154		
MAILING ADDRESS (Street)		FA	X		
801 Pennsylvania Ave NW, Suite 6	\$50				
(City)	(State)	(Zip Code)		
Washington DC 20004					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Kyriberly S. Mpssersmith 1/12/04					
(Signature of Authorizing Officer or Berger Person Person and)					